Evidence Based Child and Adolescent Psychopharmacology

This tool has been developed to guide teams (inclusive of youth, family, educators and mental health practitioners) in determining appropriate psychopharmacological treatment. Teams should use this information to prioritize promising options. For specific details about these medications and their applications, see the most recent State of Hawaii DOH/CAMHD Evidence Based Services Committee Biennial Report at the following web site: http://www.state.hi.us/doh/camhd/index.html

PROBLEM AREA	MEDICATION	SHORT-TERM EFFICACY	LONG-TERM EFFICACY	SHORT-TERM SAFETY	LONG-TERM SAFETY
Anxiety Disorders	Benzodiazepines	С	С	С	С
	SSRIs	С	С	С	С
Obsessive-Compulsive	SSRIs	Α	С	Α	С
Disorder					
ADHD	Stimulants	Α	В	Α	Α
	TCAs	В	С	В	В
	Central Adrenergic Agonists	С	С	В	С
Aggression in Autism	Antipsychotics	В	С	С	В
Aggressive Conduct	Lithium	В	С	С	С
	Valproate and Carbamazepine	С	С	Α	Α
Bipolar Disorder	Lithium	В	С	В	С
	Valproate and Carbamazepine	С	С	Α	Α
Depression	SSRIs	В	С	Α	С
	TCAs	С	С	В	В
Schizophrenia	Antipsychotics	В	С	С	В
(psychotic disorders)					
Tourettes	Antipsychotics	Α	С	В	В
	Central Adrenergic Agonists	В	С	В	С

Key:

SSRI = Selective Serotonin Reuptake Inhibitor

TCA = Tricyclic Antidepressant

A = Adequate data to inform prescribing practices. For efficacy and short-term safety: 2 > randomized controlled trials (RCT) in youth. For long-term safety: Epidemiological evidence and/or minimal adverse incident report to the Food and Drug Administration

B = For efficacy and short-term safety: 1 RCT in youth or mixed results from 2 > RCTs.

C = No controlled evidence